

DEC 12 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph(No. 101 1/2 W. Missouri)File No. 38643Registered No. 1320

St. _____ Ward _____

2. FULL NAME Orland Osmand Turner(a) Residence, No. 101 1/2 W. Missouri St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFLaura L. Turner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Aug. 11, 1878

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.56319

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Druggist9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Own drug store10. Date deceased last worked at
this occupation (month and
year) Aug. 193411. Total time (years)
spent in this
occupation 3012. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Sabetha Kansas
Kansas

FATHER

13. NAME

Madison Monroe Turner14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Waterloo
Iowa

MOTHER

15. MAIDEN NAME

Margaret C. Corwin16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Salsbury
Ind.17. INFORMANT, Mrs. Laura L. Turner
(ADDRESS) 101 1/2 W. Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Sabetha, KansasDATE Dec. 2,3419. UNDERTAKER Clark Mortuary
(ADDRESS) 3055 King Hill Ave.20. FILED 12-1- 19 34John R. Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Nov. 29, 1934, to Nov. 30, 1934I last saw him alive on Nov 30, 1934. Death is saidto have occurred on the date stated above, at 1:45 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral HemorrhageDate of onset
11/30/34

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) George Koppow, M. D.(Address) 810 1/2 W. Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

